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## APPLICANTS

Dale Kakoschke, Calgary, CANADA;

 Ruben Pavon, Coatzacoalcos, MEXICO;  
 Mirek Urednicek, Drasenhofen, AUSTRIA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/395,966 07/15/2002 *JB*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*JB none*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/14/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 8	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Patricia Burson</i> Examiner's Signature Initials				

## ADDRESS

 23369  
 HOWREY LLP  
 C/O IP DOCKETING DEPARTMENT  
 2941 FAIRVIEW PARK DRIVE, SUITE 200  
 FALLS CHURCH, VA  
 22042-7195

## TITLE

Compression pipe repairing and reinforcing methods

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )